

PROVIDER BULLETIN

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ADULT DAY HEALTH CARE, AGED & DISABLED WAIVER, INDEPENDENT LIVING WAIVER and PERSONAL CARE

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OVERVIEW OF THE AUTOMATION OF ASSESSMENT AND AUTHORIZATION OF HOME AND COMMUNITY BASED SERVICES (HCBS)

In September 2007 the Missouri Department of Social Services, MO HealthNet Division (MHD) was awarded a Medicaid Transformation grant from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The grant is targeted to development of an automated system to improve the delivery of Home and Community Based Services (HCBS). As a result, the MHD, in collaboration with the Department of Health and Senior Services, Division of Senior and Disability Services (DSDS), has developed an enhancement to the existing MO HealthNet CyberAccesssm system. This enhancement will provide an integrated web-based method for expanded user access to initiate HCBS referrals and improve efficiencies in assessment, participant centered service planning and authorization of HCBS as approved by the DSDS. Utilizing [CyberAccesssm](#) for the HCBS web tool expands upon MHD's efforts in building an Electronic Health Record (EHR) for MO HealthNet participants.

Implementation of the HCBS web tool will:

- Facilitate more timely processing of referrals for HCBS;
- Allow expanded accessibility for multiple users (i.e. HCBS providers, physicians and hospital/nursing home discharge planners) to submit HCBS referrals via the Internet;
- Provide MO HealthNet eligibility information;
- Implement a standardized decision tree process allowing a more uniform determination of level of care eligibility;
- Utilize an internationally recognized assessment instrument (InterRAI-HC) providing high quality data about the characteristics and outcomes of persons served through HCBS;
- Provide a 'real time' recommended care plan for review and authorization, as deemed appropriate by DSDS;

- Improve communication among agencies involved in service delivery; and
- Enhance data collection to ensure participant satisfaction and improve quality oversight of services.

SERVICES INCLUDED IN THE HCBS WEB TOOL

The following services will be included in the HCBS Web Tool once the system is fully implemented in each region of the state.

S5101	Adult Day Health Care – Half Day (3-5 hours)
S5102	Adult Day Health Care – Full Day (6-10 hours)
T1001	Authorized Nurse Visit (per visit)
T1001U3	Authorized Nurse Visit in RCF I and II (per visit)
T1019	Personal Care (15 min unit)
T1019TF	Advanced Personal Care (15 min unit)
T1019U3	Personal Care in RCF I and II (15 min unit)
T1019U3TF	Advanced Personal Care in RCF I and II (15 min unit)
T1019U2	Consumer Directed Personal Care (15 min unit)
S5120	Chore (15 min unit)
S5130	Homemaker (15 min unit)
S5150	Basic Respite (15 min unit)
S5150TF	Advanced Respite (15 min unit)
S515152	Basic Block Respite (9-12 hours)
S515152TF	Advanced Block Respite (6-8 hours)
S5151TF	Advanced Daily Respite (17-24 hours)
T1005	Nurse Respite (15 min unit)
T1019U6	Consumer Directed Personal Care, Independent Living Waiver
T2024U6	Case Management, Independent Living Waiver
T2029U6	Specialized Medical Equipment, Independent Living Waiver
S5165U6	Environmental Accessibility Adaptations, Independent Living Waiver
T2028U6	Specialized Medical Supplies, Independent Living Waiver

HCBS WEB TOOL IMPLEMENTATION PLAN

The HCBS Web Tool will be implemented in phases across the state utilizing the DSDS regions. As counties within the DSDS regions are scheduled for Web Tool implementation, HCBS providers and other identified users within those counties will be notified and provided system access. Training for HCBS Web Tool users will be scheduled timely in each implementation area.

The first implementation is scheduled to begin in December 2009 in the southwestern counties of Jasper, McDonald and Newton (DSDS Region 1). Remaining DSDS Region 1 counties will be phased in during the following quarter. Throughout 2010 additional DSDS regional implementation will take place in the following sequence: Region 2; Regions 4 and 5 simultaneously; and Region 3, with complete implementation projected by fall 2010.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896